

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

#### OMB Number: 3235-0076 Washington, D.C. 20549 Expires: May 31, 2005 Estimated average burden FORM D hours per response. . . . . 16.00 SEC USE ONLY

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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ephone Number (Including Area Code) 909-792-1700								
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and	Acc	e 55 C	ries					
pecify):		PRO	CESS	ED				

OMB APPROVAL

Prefix

Go FAST PA	cts.com, /nc.		1059 1057	3	
Filing Under (Check box(es) that apply): Ru Type of Filing: New Filing Amendmen	lle 504 🔲 Rule 505 🔀 Rule 506 🔲 Section 4	(6) ULOE	FO. CIVE	<del>₹</del>	6
	A. BASIC IDENTIFICATION DATA		1		101
1. Enter the information requested about the issue	er			- E	Const
Name of Issuer ( check if this is an amendment G o FAST PA	t and name has changed, and indicate change.)  15. Com, Inc.		N.		
Address of Executive Offices	(Number and Street, City, State, Zip Code PEDLANDS CA 93	Telephone	Number (Includ		
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Cod	e) Telephon	e Number (Includ	ling Area	ı Code)
Brief Description of Business  Internet/Mailorder	- retailer of Auto gas	ts And	Acces	5011	es
<b>.</b>	ed partnership, already formed other	r (please specify)	PR(	DCE	SSED
Actual or Estimated Date of Incorporation or Organ Jurisdiction of Incorporation or Organization: (Ent Ch		stimated tate:	B 1	3 03 Homso	ON

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	200
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities.</li> </ul>	es of the issuer.
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>	
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
GAUNTHETT, JAMES E.  Managing Partner  Full Name (Last name first, if individual)	
721 NAPA AVENUE, RESLANDS, CA92374	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	r
CLEM, Don C.  Managing Partner  Full Name (Last name first, if individual)	<del></del>
1222 Drake Ridge RESLANDS, CA 92373	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partne	r
CAMACHO, Henry Full Name (Last name first, if individual)	
488 PAlos Verdes BLUd., REDONDO BEACH, CA 9	0277
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partne	r
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partne	r
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partne	г
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	······································
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or  Managing Partne	r
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	<del></del>
District of Contractive financia and current city, carry dip coop	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	
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***	7			. B. I	NEORMAT	ION ABOU	T OFFERI	NG ***					
1. Has the	e issuer sol	d, or does t	he issuer i	ntend to se	ell, to non-a	accredited in	vestors in	this offer	ino?		Yes	No	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									X				
2. What is the minimum investment that will be accepted from any individual?									s 5	000			
	F									Yes	No		
												DX.	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Name (	Last name	first, if ind	ividual)	lone	A	this	tin	re					
Business or	Residence	Address (N	umber and	Street, C	ity, State, 2	Zip Code)				<del></del>			
Name of As	sociated B	roker or De	aler			· · · · · · · · · · · · · · · · · · ·							
States in W	hich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchacere			<del></del>				
							********	•••••		·····	All States		
AL	AK	ΑZ	AR	CA	[CO]	CT	DE	[DC]	FL	[GA]	HI	ID	
IL)	IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	
Full Name (	Last name	first, if indi	ividual)							***************************************	<del></del>		
Business or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)		Towns PARAMET		1-4-4-			
Name of As	sociated Bi	roker or De	aler							·			
States in W	hich Dercor	Listed Had	Colicitad	or Intende	ta Calicit	Durchoser						·	
						· · · · · · · · · · · · · · · · · · ·					☐ All States		
<u> </u>					-								
[IL]	[AK]	[AZ]	(KS)	CA KY	LA	CT ME	DE MD	DC MA	[FL]	GA MN	MS	MO	
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	
RI	[SC]	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR	
Full Name (	Last name	first, if indi	ividual)						Jacob M				
Business or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						14	
							· · · · · · · · · · · · · · · · · · ·	4 <del></del>					
Name of As	sociated Bi	roker or De	aler										
States in W	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
(Check	"All States	s" or check	individual	States)	•••••			••••••••••	************	•••••	☐ All	States	
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
MT	NE	NV	NH]	NJ	NM)	NY	NC	ND	OH	OK)	OR	PA	
RI	SC	SD	TN	TX	UT	VT	[VA]	WA	WV	WI	WY	PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<b>S</b>	\$
	Equity	2,000,000	\$ 679.366
	X Common ☐ Preferred		·
	Convertible Securities (including warrants)	s	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		Ψ
	Non-accredited Investors	,	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		•
	Transfer Agent's Fees		s
	Printing and Engraving Costs		\$ 1,500
	Legal Fees		\$2,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	-	\$
	Total		\$ 3,500

# C. OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gro proceeds to the issuer."	SS		s /, 94	36 500
<b>.</b>	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	đ		, -	,
		P	ayments to		
		D	Officers, irectors, &	Paym	ents to
			Affiliates		ners
	Salaries and fees	•			00,000
	Purchase of real estate	. 🔀 \$	0	<b>№</b> \$	0
	Purchase, rental or leasing and installation of machinery and equipment	ा द	A		40,000
	Construction or leasing of plant buildings and facilities			<b>X</b> \$	-6-
	Acquisition of other businesses (including the value of securities involved in this		•	At	
	offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<b>⊠</b> \$	0	ک_\$ 🔀	0,000
	Repayment of indebtedness	区\$	0	₩s_3	00 000
	Repayment of indebtedness  Working capital	. 🔀 \$	-0-	\(\overline{\chi_s}\varphi\)	10,000
	Other (specify): Manketing & Advertising So Frware Development	<b>X</b> \$	<u> </u>	<b>⊠</b> \$ <u>√</u> 3	000
	So Frware Development		_		
		· 🔀 \$	0	X 5 6	00,000
	Column Totals	. 🔀 💲	0	<b>⊠</b> \$_≥	,000,000
	Total Payments Listed (column totals added)		<b>⋈</b> \$_ <u></u>	2,000,0	000
	D. FEDERAL SIGNÁTURE				
ig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice to a signed by the issuer to furnish to the U.S. Securities and Exchange Comminformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) or	ission	, upon writte	ile 505, the in request o	following of its staff,
SSI	Go Fast Parts. com, Inc James Lawillit	Date		64	
٧a	Go Fast Parts. com, Inc. James Lewilly me of Signer (Print or Type)  James Gauntlett President				
	VITALS GITURILLI				

---- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)